

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

Handwritten:
Add above
To Irene
To Council

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: AMARAL CONSULTING AND SERVICES, INC.
BUSINESS STREET ADDRESS: 11869 GREEN OAK DRIVE *SW 43 Ct* ZIP 33330-1912
BUSINESS MAILING ADDRESS: P.O. BOX 292225, DAVIE, FL ZIP 33329-2225
BUSINESS PHONE: (954) 553.4464

DESCRIBE TYPE OF BUSINESS: Janitorial (Administration of Cleaning Company)
OFFICE ONLY
BUSINESS IS: Corporation XX Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Evaldo B. Amaral</u>	<u>11869 Green Oak Drive</u>	<u>Davie, 33330</u>	<u>(954) 7239727</u>
2. <u>Lucia Maria G. Amaral</u>	<u>11869 Green Oak Drive</u>	<u>Davie, 33330</u>	<u>(954) 723.9727</u>

Federal ID Number or Social Security Number [REDACTED]

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2001, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Evaldo B. Amaral, President
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>5/24/01</u> Category <u>10500</u> Fee <u>11.03</u> Rec# <u>741889</u> New <u> </u> Trans <u>X</u>	
License # <u>01-15278</u> Control # <u>12818</u>	Zoning <u>R-1</u> <i>(Hamel Oaks East)</i>
Council approval Required <u>Yes</u> No	Zoning Approval <u> </u> Date <u> </u>
Town Council Date <u> </u> Approved <u> </u> Denied <u> </u>	
Tabled To <u> </u> Approved <u> </u> Denied <u> </u>	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u> </u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

*Previous address
Control # 12331*